



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

**Filing Period:** June 1 - June 30 • This report must be typed or printed legibly.

**Filing Fee:** \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>29819</b>		2. Exact name of the Corporation <b>Commissioned Police Officers Association of Rhode Island</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To Promote The Good Welfare of It's Members</b>			
5. Principal office address <b>17 Cedarwood Drive</b>			City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915-1808</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Pasquale Sperlongano</b>			Vice-President Name <b>Charles J. Mulcahey</b>		
Street Address <b>47 Highwood Drive</b>			Street Address <b>184 Poor Farm Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-8213</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-8935</b>
Secretary Name <b>Richard N. Silva</b>			Treasurer Name <b>Paul V. Valente</b>		
Street Address <b>17 Cedarwood Drive</b>			Street Address <b>2 Sakonnet Trail</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915-1808</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837-1629</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Pasquale Sperlongano</b>			Director Name <b>Charles J. Mulcahey</b>		
Street Address <b>Same as Above</b>			Street Address <b>Same as Above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Richard N. Silva</b>			Director Name <b>Paul V. Valente</b>		
Street Address <b>Same as Above</b>			Street Address <b>Same as Above</b>		
City	State	Zip	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 **06-11-2013**

Signature of Officer

Date

**Paul V. Valente**

Print or Type Name of Officer

**Treasurer**

Title of Officer